

State of Kansas . . . John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol
SecretaryForbes Field
Topeka, Kansas 66620
913-862-9360

NON-NOTIFIER INSPECTION REPORT

RECEIVED
BUREAU OF

APR 30 1984

WASTE
MANAGEMENT

A. GENERAL

Date April 19, 1984

Time

Facility Name Clow Corporation

Street 22 North 6th

City Kansas City

Zip 66115

County Wyandotte

Phone 913-342-0058

Inspector(s) Dale L. Wing

Contact

Title

Nature of Business No longer in business

B. INDUSTRIAL WASTE

WASTE:			
PROCESS:			
IS WASTE HAZARDOUS? (Yes, No, Maybe)			
IF YES, GIVE EPA ID #:			
IS WASTE EXEMPT DUE TO RECYCLING (261.6)			
AMOUNT GEN. PER MONTH:			
PRESENT DISPOSAL METHOD:			
DISP. AUTH. IN EFFECT? (If yes, give No.)			
AMOUNT NOW IN STORAGE:			
ACCUMULATION TIME:			
TYPE OF CONTAINER:			
STORAGE CONDS. ADEQUATE?			

R00171600
RCRA RECORDS CENTER

1. Total monthly generation rate of known hazardous waste - _____
2. Is facility required to notify? YES NO
If yes, what reason was given for failure to notify? _____

C. HAZARDOUS WASTE MANAGEMENT PRACTICES

1. Are hazardous wastes or suspected hazardous wastes treated on site? YES NO
If yes, describe the treatment process: _____

2. Are hazardous wastes or suspected hazardous wastes beneficially recycled, re-used, or reclaimed? YES NO
If yes, are they, listed char.
and is activity, on-site off-site.
3. Are hazardous wastes or suspected hazardous waste presently disposed of on-site? YES NO

a. Have they been in the past? YES NO
If yes, describe _____

b. If hazardous wastes or suspected hazardous waste are disposed of via the sanitary sewer, has permission from the city been obtained? YES NO NA
4. Are hazardous wastes transported from the site? YES NO
If yes, by whom: _____
To: _____

#245

HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG

Tom
NWDO

#245

1. EPA ID: NON-NOTIFIER2. Facility Name: Clow Corporation3. City Kansas City County Wyandotte5. Date of Initial Evaluation Which
Is The Basis For This Report:4/19/84

Inspector:

Dale L. Wing

4. Facility Type:

☐ Major☐ TSD☒ Non-Major☐ Gen☐ KG☐ SQ

(mark one in each column)

6. Type of Evaluation Covered
By This Report:☒ Evaluation Inspection☐ Record Review☐ Follow-Up☐ Sampling Inspection☐ Special Inspection7. Date of Evaluation Covered By This Report
(Enter only if different from 5): / /

8. Area and Class of Violation (Enter number of violations by area and class):

Class of Violation	Area of Violation											
	GWM	Cl/ PC	Fin. Req.	Pt. B	Comp. Schedule	Not.	Man.	Pre- Trans.	Accum. 90d.	Stor. Cond.	Per. Training	Cont. Plan
I												
II												
III												

9. ENFORCEMENT ACTIONS FOR CLASS I VIOLATIONS:

Area of Violation	Type of Action Taken (circle one)					Date Action Taken (mdy)	Compliance Dates (mdy)		Penalty	
							Scheduled	Actual	Assessed	Collected
	Informal	WL/NOV	AO	CivAc	CrimAc	/ /	/ /	/ /		
	Informal	WL/NOV	AO	CivAc	CrimAc	/ /	/ /	/ /		
	Informal	WL/NOV	AO	CivAc	CrimAc	/ /	/ /	/ /		
	Informal	WL/NOV	AO	CivAc	CrimAc	/ /	/ /	/ /		
	Informal	WL/NOV	AO	CivAc	CrimAc	/ /	/ /	/ /		

10. COMMENTS: Clow Corporation no longer in business at this location.

RECEIVED
BUREAU OF
APR 30 1984
WASTE
MANAGEMENT